

# INFORMED CONSENT FOR GASTROINTESTINAL ENDOSCOPY

## Explanation of Procedure

Direct visualization of the digestive tract with lighted instruments is referred to as gastrointestinal endoscopy. Your physician has advised you to have this type of examination. The following information is presented to help you understand the reasons for and the possible risks of these procedures.

At the time of your examination, the lining of the digestive tract will be inspected thoroughly and possibly photographed. If an abnormality is seen or suspected, a small portion of tissue (biopsy) may be removed or the lining may be brushed. These samples are sent for laboratory study to determine if abnormal cells are present. Small growths (polyps), if seen, may be removed.

To keep you comfortable during the procedure, your physician or a Registered Nurse directed by the physician will administer medication defined as Moderate (Conscious) Sedation.

## Brief Description of Endoscopic Procedures

1. **EGD (Esophagogastroduodenoscopy):** Examination of the Esophagus, stomach, and duodenum. If active bleeding is found, coagulation by heat may be performed.
2. **Esophageal Dilation:** Dilating tubes or balloons are used to stretch narrow areas of the esophagus.
3. **EIS (Endoscopic Injection Sclerotherapy):** Injection of a chemical into varices (dilated varicose veins of the esophagus) to sclerose (harden) the veins to prevent further bleeding. Injection is done with a small needle probe through the endoscope.
4. **Variceal Banding:** The physician places a latex (rubber) band around the varices to reduce the flow of blood to the vein, thus preventing further bleeding.
5. **Flexible Sigmoidoscopy:** Examination of the anus, rectum and left side of the colon, usually to a depth of 60 cm.
6. **Colonoscopy:** Examination of all or a portion of the colon. Older patients and those with extensive diverticulosis are more prone to complications. Polypectomy (removal of small growths called polyps) is performed, if necessary, by the use of a wire loop and electric current.

Physician explaining procedure: \_\_\_\_\_ M.D./D.O. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I consent to the taking and publication of any photographs made during my procedure to assist in my care, and for use in the advancement of medical education. I certify that I understand the information regarding gastrointestinal endoscopy and moderate/deep sedation. I have been fully informed of the risks and possible complications of my procedure/anesthesia.**

I hereby authorize and permit:

<input type="checkbox"/> Anchal Sud, M.D.	<input type="checkbox"/> Sarah Wasserman, D.O.	<input type="checkbox"/> Krishna Meka, D.O.	<input type="checkbox"/>
<input type="checkbox"/> Allan Barbish, M.D.	<input type="checkbox"/> Victor Velocci, M.D.	<input type="checkbox"/>	

and whomever he/she may designate as his/her assistant to perform upon me the following:

<input type="checkbox"/> Upper Endoscopy (EGD), with possible biopsy	<input type="checkbox"/> Flexible Sigmoidoscopy	<input type="checkbox"/> Esophageal Dilation
<input type="checkbox"/> Colonoscopy, with possible biopsy or polypectomy	<input type="checkbox"/> Variceal Banding	<input type="checkbox"/> Other

**If any unforeseen condition arises during the procedure calling for, in the physician's judgment, additional procedures, treatments, or operations, I authorize him/her to do whatever he/she deems advisable. I am aware that the practice of medicine and surgery is not an exact science. I acknowledge that no guarantees have been made to me concerning the result of this procedure.**

**If there is any possibility that I might be pregnant, I will allow a urine pregnancy test to be performed prior to my procedure**  
 Yes, I will (Pt initials) \_\_\_\_\_  No, I decline at this time (Pt initials) \_\_\_\_\_  N/A

**X**

Patient /  Legally Authorized Representative (check one)  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_

Relationship to Patient \_\_\_\_\_  
 Witness of Signature only: \_\_\_\_\_

Patient Label

**KEC**  
 Kalamazoo Endo Center  
 3300 Cooley Court  
 Portage, MI 49024  
 Phone: 269-321-3390 • Fax: 269-321-3392